



Estate of \_\_\_\_\_ }  an Incapacitated Person  
 }  a Minor

**4. Anticipated Assets:**

**Estimated Value:**

*(Set forth property of any kind expected to be acquired hereafter, together with anticipated date of acquisition.)*

<i>Property</i>	<i>Anticipated Date of Acquisition</i>	
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Sub-Total for Personal Estate:***

*(Attach additional sheets if necessary)*

**TOTAL OF ITEMS 1, 2, 3, and 4:** \_\_\_\_\_

Commonwealth of Pennsylvania :  
 : ss.  
 County of \_\_\_\_\_ :

\_\_\_\_\_, says that the foregoing is a full,  
*Guardian*  
 true and complete Inventory of the Estate of \_\_\_\_\_,

the aforesaid Incapacitated Person or Minor; and that all of the information set forth herein is true and correct to the best of the Guardian's knowledge and belief.

I verify that the statements made in this )  
 Inventory are true and correct. I under- )  
 stand that false statements herein are )  
 made subject to the penalties of )  
 18 Pa.C.S. § 4904 relating to unsworn )  
 falsification to authorities. )

\_\_\_\_\_  
 Guardian

Attorney for Guardian: \_\_\_\_\_

Supreme Court I.D. No.: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_